

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 14																							
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">MS / MRS / MR</td> <td style="width:30%;">FIRST</td> <td style="width:40%;">MI</td> </tr> <tr> <td>Mrs</td> <td>Sarah</td> <td>B.</td> </tr> <tr> <td colspan="3" style="border-top: 1px dotted black;"></td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> <tr> <td></td> <td>McMurrough</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mrs	Sarah	B.				NICKNAME	LAST	SUFFIX		McMurrough		<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p style="font-size: small; margin: 0;">Date Received</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p style="font-size: x-large; margin: 0;">RECEIVED</p> <p style="font-size: large; color: red; margin: 0;">APR 23 2021</p> <p style="font-size: small; margin: 0;">By <i>[Signature]</i></p> </div> </div> <p style="font-size: small; margin: 0;">Date Hand-delivered or Date Postmarked</p> <table style="width:100%; border-collapse: collapse; font-size: small;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2" style="border-top: 1px solid black; height: 15px;"></td> </tr> <tr> <td colspan="2" style="border-top: 1px solid black; height: 15px;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-top: 1px solid black; height: 15px;">Date Imaged</td> </tr> </table> </div>		Receipt #	Amount \$			Date Processed		Date Imaged	
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14 NOTICE FROM POLITICAL COMMITTEE(S)	<p style="font-size: x-small; margin: 0;">THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; vertical-align: top;"> <input type="checkbox"/> Additional Pages </td> <td style="width:10%; vertical-align: top;"> <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </td> <td style="width:70%;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: x-small;">COMMITTEE TYPE</td> <td style="font-size: x-small;">COMMITTEE NAME</td> </tr> <tr> <td></td> <td>TREPAC</td> </tr> <tr> <td style="font-size: x-small;">COMMITTEE ADDRESS</td> <td></td> </tr> <tr> <td></td> <td>P.O. Box 2246, Austin, TX, 78768-2248</td> </tr> <tr> <td style="font-size: x-small;">COMMITTEE CAMPAIGN TREASURER NAME</td> <td></td> </tr> <tr> <td></td> <td>Deborah Sprangler</td> </tr> <tr> <td style="font-size: x-small;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> <td></td> </tr> <tr> <td></td> <td>P.O. Box 2246, Austin, TX, 78768-2248</td> </tr> </table> </td> </tr> </table>			<input type="checkbox"/> Additional Pages	<input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-size: x-small;">COMMITTEE TYPE</td> <td style="font-size: x-small;">COMMITTEE NAME</td> </tr> <tr> <td></td> <td>TREPAC</td> </tr> <tr> <td style="font-size: x-small;">COMMITTEE ADDRESS</td> <td></td> </tr> <tr> <td></td> <td>P.O. Box 2246, Austin, TX, 78768-2248</td> </tr> <tr> <td style="font-size: x-small;">COMMITTEE CAMPAIGN TREASURER NAME</td> <td></td> </tr> <tr> <td></td> <td>Deborah Sprangler</td> </tr> <tr> <td style="font-size: x-small;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> <td></td> </tr> <tr> <td></td> <td>P.O. Box 2246, Austin, TX, 78768-2248</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME		TREPAC	COMMITTEE ADDRESS			P.O. Box 2246, Austin, TX, 78768-2248	COMMITTEE CAMPAIGN TREASURER NAME			Deborah Sprangler	COMMITTEE CAMPAIGN TREASURER ADDRESS			P.O. Box 2246, Austin, TX, 78768-2248				
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Sarah B McMurrough		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,770.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,624.52
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 481.36
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

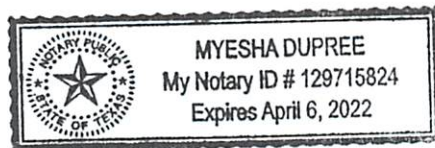
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

S B McMurrough

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by SARAH B MCMURROUGH (TXR) this the 23rd day of April, 2021, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

MYESHA DUPREE
Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Sarah B McMurrough, and my date of birth is 2/12/1985.

My address is 4602 Willow Park Ct., Arlington, Texas, 76017, USA.

(street) (city) (state) (zip code) (country)

Executed in Tarrant County, State of Texas, on the 23rd day of April, 2021.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Sarah B McMurrough		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,270.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 500.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9,277.93
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 346.59
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Sarah B. McMurrough		3 Filer ID (Ethics Commission Filers)
4 Date 3/30/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TREPAC 6 Contributor address; City; State; Zip Code P.O. Box 2246 Austin TX 78768	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Realtors		9 Employer (See Instructions) TREPAC
Date 3/30/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Derrick Kinney Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76016	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Good Money Framework
Date 4/1/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Julienne Fagan Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76016	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/1/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Earlene Pike Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76016	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Sarah B. McMurrough		3 Filer ID (Ethics Commission Filers)
4 Date 4/2/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gara Hill 6 Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76016	7 Amount of contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/3/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cameron Haddad Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76012	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/6/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Nicole Davis Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76018	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/7/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Joy Reese Contributor address; City; State; Zip Code [REDACTED] Fort Worth TX 76111	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Sarah B. McMurrough		3 Filer ID (Ethics Commission Filers)
4 Date 4/8/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Monica Barogh 6 Contributor address; City; State; Zip Code [REDACTED] Kennedale TX 76060	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/13/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Johanna Baker Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76016	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) AISD
Date 4/13/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Linebarger Goggan Blair & Sampson Contributor address; City; State; Zip Code 100 Throckmorton Street, Suite Fort Worth TX 76102	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Attorneys		Employer (See Instructions) Linebarger Goggan Blair & Sampson
Date 4/14/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Steve Kleiber Contributor address; City; State; Zip Code [REDACTED] Arlington TX 76018	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4

3 Filer ID (Ethics Commission Filers)

\$50.00

76017

9 Employer (See Instructions)

\$75.00

76016

Employer (See Instructions)

\$250.00

76013

Employer (See Instructions)

\$20.00

76010

Employer (See Instructions)

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2 1	
2 FILER NAME Sarah B. McMurrough		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00	
5 Date 4/1/2021	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Christopher McMurrough	8 Amount of Contribution \$ 500.00	9 In-kind contribution description Graphic design
7 Contributor address; City; State; Zip Code 4602 Willow Park Ct. Arlington TX 76017		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Sarah B. McMurrough	3 Filer ID (Ethics Commission Filers)
4 Date 3/24/2021	5 Payee name Patriot Print Fulfillment	
6 Amount (\$) 129.60	7 Payee address; 2221 E. Lamar Blvd., Suite 840	City: Arlington State: TX Zip Code: 76006
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Campaign signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 3/29/2021	Payee name Patriot Print Fulfillment	
Amount (\$) 378.00	Payee address; 2221 E. Lamar Blvd., Suite 840	City: Arlington State: TX Zip Code: 76006
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 4/2/2021	Payee name Print Place	
Amount (\$) 2880.63	Payee address; 1130 Avenue H E	City: Arlington State: TX Zip Code: 76011
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Direct mail
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Sarah B. McMurrough	3 Filer ID (Ethics Commission Filers)
4 Date 4/5/2021	5 Payee name Typeguard, Inc.	
6 Amount (\$) 32.00	7 Payee address; 2035 Sunset Lake Rd. Ste B2	City: Newark State: DE Zip Code: 19702
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Contact management
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 4/10/2021	Payee name Mother Voter Media	
Amount (\$) 600.00	Payee address; 9211 Briarhurst Dr.	City: Dallas State: TX Zip Code: 75243
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Direct Mail
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 4/13/2021	Payee name Print Place	
Amount (\$) 2401.21	Payee address; 1130 Avenue H E	City: Arlington State: TX Zip Code: 76011
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Direct mail
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Sarah B. McMurrough		3 Filer ID (Ethics Commission Filers)	
4 Date 4/13/2021	5 Payee name Patriot Print Fulfillment			
6 Amount (\$) 424.88	7 Payee address; 2221 E. Lamar Blvd., Suite 840	City: Arlington	State: TX	Zip Code 76006
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Campaign signs	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 4/21/2021	Candidate / Officeholder name Anedot			
Amount (\$) 30.40	Payee address; 1340 Poydras St.	City: New Orleans	State: LA	Zip Code 70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Online donation platform	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 4/21/2021	Candidate / Officeholder name Print Place			
Amount (\$) 2401.21	Payee address; 1130 Avenue H E	City: Arlington	State: TX	Zip Code 76011
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Direct mail	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name Office sought Office held				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 3	2 FILER NAME Sarah B. McMurrough	3 Filer ID (Ethics Commission Filers)
4 Date 4/1/2021	5 Payee name Formsite	
6 Amount (\$) 29.95 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City: State: Zip Code 5202 Washington St Downers Grove IL 60515	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign website form hosting
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 4/12/2021	Payee name Facebook	
Amount (\$) 25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City: State: Zip Code 1 Hacker Way Menlo Park CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Facebook ads	Description Facebook ads
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 4/14/2021	Payee name Facebook	
Amount (\$) 6.64 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City: State: Zip Code 1 Hacker Way Menlo Park CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Facebook ads	Description Facebook ads
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 3	2 FILER NAME Sarah B. McMurrough	3 Filer ID (Ethics Commission Filers)	
4 Date 4/15/2021	5 Payee name Facebook		
6 Amount (\$) 25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 1 Hacker Way	City: Menlo Park	State: CA Zip Code 94025
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Facebook ads	(b) Description Facebook ads	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 4/16/2021	Payee name Facebook		
Amount (\$) 35.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 1 Hacker Way	City: Menlo Park	State: CA Zip Code 94025
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Facebook ads	Description Facebook ads	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 4/16/2021	Payee name Facebook		
Amount (\$) 25.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 1 Hacker Way	City: Menlo Park	State: CA Zip Code 94025
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Facebook ads	Description Facebook ads	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 3	2 FILER NAME Sarah B. McMurrough	3 Filer ID (Ethics Commission Filers)	
4 Date 4/17/2021	5 Payee name Facebook		
6 Amount (\$) 50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 1 Hacker Way	City: Menlo Park	State; CA Zip Code 94025
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Facebook ads	(b) Description Facebook ads	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 4/19/2021	Payee name Facebook		
Amount (\$) 75.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 1 Hacker Way	City: Menlo Park	State; CA Zip Code 94025
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Facebook ads	Description Facebook ads	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date 4/20/2021	Payee name Facebook		
Amount (\$) 75.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 1 Hacker Way	City: Menlo Park	State; CA Zip Code 94025
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Facebook ads	Description Facebook ads	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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